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| <p>Status: Standard Procedure: Specifies the procedures to be followed, only in exceptional circumstances should these not be followed.</p> | <p>Policy No: CLSP 27 Revision No: Date Approved: 01/03/11 Review Date: 01/03/13</p> |
| <p>Title: Standard Procedure for the Removal of a Catheter</p> | |
| <p>Written by: Clinical Practice Project Group</p> | |
| <p>Approved by:</p> | |
| <p>Cross Reference: BPH 02, ICG 01, ICG 02</p> | |

1.0 Purpose

The purpose of this standard procedure is to ensure safe practice during the removal of a catheter from a Cheshire Ireland service user. Catheters left in situ longer than the recommended time can cause bladder/urethral trauma on removal. The manufacturer's recommended life span must not be exceeded.

2.0 Scope

Cheshire Ireland services/centres where catheters are managed for Cheshire Service Users.

3.0 Responsibility

- It is the responsibility of all staff who manage the removal of catheters to follow this standard procedure.
- It is the responsibility of service managers to ensure staff are familiar with the standard procedure and to monitor compliance.

4.0 Definitions

Haematuria: the presence of blood or blood cells in the urine (Medline Plus, 2005). This may be the result of trauma following catheter removal (Nicol et al., 2004).

Dysuria: difficult or painful discharge of urine (Medline Plus, 2005). This may be due to inflammation of the urethra (Nicol et al., 2004).

5.0 Procedure

Equipment

- Gloves x 2 pair
- Receiver
- Warm water soap and towel
- Protective covering
- Appropriate incontinence product if required
- Appropriate size syringe, this will depend on the amount of water in the catheter balloon. This is written on the catheter itself.

Procedure for removal of a Catheter:

- Engage with the service user to choose the most appropriate time for the removal of the catheter. Remove the catheter either early in the morning or last thing at night (to enable any problems of retention to be dealt with during the day).
- Be aware that the service user may be apprehensive about the procedure, so explaining the process may ease their anxiety. Inform male service users of possible discomfort as the deflated balloon passes through the prostatic sphincter.
- Provide privacy for the procedure.
- Wash and dry hands thoroughly.
- Apply gloves.
- Arrange equipment on appropriate clean surface.
- Place the incontinence sheet or alternative protective covering under the service user.
- Assist the service user into a supine position with knees and hips flexed and slightly apart.
- Wash the vulval area/penis and along the catheter away from the body, to prevent the introduction of bacteria.
- Change gloves.
- Place the receiver between the thighs of service user.
- Check the volume of water in the balloon, usually written on the catheter.
- Attach the syringe to the balloon port on the catheter and withdraw the water to deflate the balloon.
- Ask the service user to breathe deeply in and out.
- As the service user exhales, gently but firmly withdraw the catheter into the receiver.
- **Stop the Procedure** if resistance is felt or the service user complains of pain.

- If problems are encountered when deflating the balloon or withdrawing the catheter, seek advice from the senior member of the care team on duty.
- Assist the service user into a comfortable position and ensure a lavatory or urinal/commode is nearby, or apply an appropriate incontinence product.
- Advise the service user regarding the possibility of haematuria and dysuria and that they may experience urgent feelings of wanting to pass urine following the removal of the catheter.
- Male residents should be discouraged from placing a urinal in position 'just in case', as this may encourage frequent small volumes to be passed or 'dribbling'.
- Advise the service user to increase oral fluid intake (2-2.5L in 24 hours).
- Discard all equipment appropriately.
- Remove gloves.
- Wash and dry hands thoroughly.
- Record the procedure in line with the Best Possible Health Continence Care Plan in the Best Possible Health Catheter Diary. Please ensure the booklet is completed each time the catheter is changed.
- Note the volume of urine emptied from the catheter bag on the Best Possible Health 24 hour fluid balance sheet.

Troubleshooting:

- Observe the service user for signs of discomfort and/or urinary retention and inform GP if the problem persists.
- If changes are observed in the frequency, appearance, or smell of urine, the service user complains of pain when urinating, lower abdominal pain, lower back pain or discomfort are observed; record in Best Possible Health Daily Continuation Sheet/BPH Continence Records and report to lead clinical person/line manager.

6.0 References

Medline Plus (2005) www.nlm.nih.gov/medlineplus

Mallett, J. & Dougherty, L. (2000). *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*. Blackwell Publishing, Oxford.

Nicol, M., Bavin, C., Bedford-Turner, S., Cronin, P. & Rawlings-Anderson, K. (2004). *Essential Nursing Skills*. Mosby, United Kingdom.

Robertson, B. & O’Kell, S. (1995). *Study Guide for Health and Social Care Support Workers*, First Class Books Pub., Bristol.

Best practice Statement June 2004. *Urinary Catheterisation and Catheter Care*, NHS Quality Improvement Scotland.

Catheter Care, RCN Guidance for Nurses 2008.

7.0 Appendices
Appendix 1

Catheter Diary

Please ensure this booklet is completed
Each time your catheter is changed

Service user:

Address:

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G.P. Name and contact details:

Consultant:

Health Care Professional (PHN Nurse/Cheshire Nurse Etc.) Name and contact
details:

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1a. Reason for catheterization:

1b. Date of initial catheterization:

2. Recommended catheter:

Manufacturer:

Type:

Charrière (Ch.) size:

Balloon size:

3. Residual:

4. How often catheter should be changed:

5. Known Allergies:

Catheter Diary continued

Catheter Change Date: Insertion Easy: Yes/No
..... Comments/Problems:

.....
.....
.....

Reason for change:

Routine Fallen Out Balloon Burst Blocked

Catheter Maintenance Solutions/Antibiotic Therapy

Give Details:

.....
.....

CSU Yes No

Name of Nurse/Doctor/Carer:

Due Date of Catheter Change:

Recorded in BPH Daily Continuation sheet:

Catheter Change Date: Insertion Easy: Yes/No
..... Comments/Problems:

.....
.....
.....

Reason for change:

Routine Fallen Out Balloon Burse Blocked

Catheter Maintenance Solutions/Antibiotic Therapy

Give Details:

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